



MBAI PROTEK APPLICATION FORM

A. MEMBER INFORMATION:

| | | | |
|-----------------------------------|------------------------|--------------------|-------------------------|
| LAST NAME | _____ | HEIGHT | _____ |
| FIRST NAME | _____ | WEIGHT | _____ |
| MIDDLE NAME | _____ | MOBILE NO. | _____ |
| EXTN/SUFFIX (Sr., Jr., III, etc.) | _____ | EMAIL | _____ |
| GENDER | _____ | TIN | _____ |
| CIVIL STATUS | _____ | SSS/GSIS | _____ |
| PLACE OF BIRTH | _____ | RANK | _____ |
| DATE OF BIRTH (mm/dd/yy) | _____ | BRANCH OF SERVICE | _____ |
| NATIONALITY | _____ | UNIT ASSIGNMENT | _____ |
| POSITION/OCCUPATION | _____ | SERIAL/ACCOUNT NO. | _____ |
| RESIDENCE ADDRESS | _____ | | |
| | House/Room/Bldg. No. | Street/Subdivision | Brgy/Sitio/Purok/Barrio |
| | Municipality/Town/City | Province | Zip Code |
| SOURCE OF INCOME | _____ | MONTHLY INCOME | _____ |

B. DESIGNATED BENEFICIARIES: (All Beneficiaries are deemed revocable unless stated in this form)

| NAME | DATE OF BIRTH/AGE | RELATIONSHIP | % SHARE |
|-------|-------------------|--------------|---------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

C. AUTOMATIC CONTRIBUTION LOAN

If any contribution for insurance remains unpaid at the end of the grace period, and the member's Equity Value is sufficient, such contribution shall be paid from the member's Equity Value. Such payments will be considered as loan against the member's Equity Value.

D. HEALTH STATEMENTS

| | | | |
|--|-------------------------------|-------------------------------|-------|
| 1. Have you ever been sick for the past five (5) years? If yes, please identify type of sickness. | Y <input type="checkbox"/> | N <input type="checkbox"/> | _____ |
| 2. Ever had any accident, operation or medical advise within the past five (5) years? | Y <input type="checkbox"/> | N <input type="checkbox"/> | _____ |
| 3. Do you have any disability or deformity? If yes, please indicate. | Y <input type="checkbox"/> | N <input type="checkbox"/> | _____ |

E. DECLARATION AND AUTHORIZATION / PRIVACY NOTICE AS PER REPUBLIC ACT 10173 & REPUBLIC ACT 9510

I hereby state and declare that all the answers contained herein are true, complete and correct to the best of my knowledge and belief, and shall form part of my application for insurance. It is understood and agreed that this insurance coverage shall take effect on the first day of the month for which the payroll deduction is made, if the payment is made thru Automatic Salary Deduction or actual date of payment of first contribution, if directly paid to AFPMBAI.

I hereby give consent to the processing, sharing, and/or transferring of my personal data relating to my account/s, without notice, to AFPMBAI, its service providers and entities or third parties having authority or right to such disclosure of information as in the case of regulatory agencies, governmental or otherwise, which have required such disclosure from AFPMBAI, also to enable AFPMBAI to service my account/s, to provide all existing features and future enhancement thereto, and to avail other AFPMBAI products, services, facilities, and channels as the AFPMBAI deems necessary. I agree to hold AFPMBAI, its affiliates, subsidiaries, and third party service providers free and harmless from any liability arising from or in connection with the consent herein given

AFPMBAI is mandated to submit your basic credit data (as defined in RA 9510 and its IRR), as well as any regular updates or connection thereof, to the CIC for consolidation and disclosure as may be authorized by the CIC, and other credit reporting agencies duly accredited by CIC, for the purpose of establishing your creditworthiness.

MEMBER'S SIGNATURE

DATE SIGNED

FOR AFPMBAI USE ONLY

RECOMMENDED BY: _____
 CODE NO.: _____

APPROVED BY: _____
 DATE APPROVED: _____



MBAI PROTEK 1.5%

| RANK | | | | | Monthly Contribution (MC) | Estimated Monthly Equity (50% of MC at 1.5% of BP) | Estimated Annual Equity Build-up | *Maximum Disability Benefit | TOTAL DEATH BENEFIT | | |
|-------|-------------|------------------|-------|--------|---------------------------|--|----------------------------------|-----------------------------|---------------------|----------------------------|-------------------------------|
| AFP | BJMP/BFP | PNP | PCG | BUCOR | | | | | 1.5% of BP | Natural Death (100% of FA) | Accidental Death (200% of FA) |
| CS | | | | | ₱292.74 | ₱146.37 | ₱1,756.44 | ₱188,190 | 188,190.00 | 376,380.00 | 482,285.00 |
| PVT | JO1 / FO1 | PO1 / PAT | ASN | CO1 | ₱467.27 | ₱233.64 | ₱2,803.68 | ₱300,388 | 300,387.86 | 600,775.72 | 650,581.79 |
| PFC | | | SN2 | | ₱476.61 | ₱238.31 | ₱2,859.72 | ₱306,392 | 306,392.14 | 612,784.28 | 659,588.21 |
| CPL | JO2 / FO2 | PO2 / PCPL | SN1 | CO2 | ₱486.15 | ₱243.08 | ₱2,916.96 | ₱312,525 | 312,525.00 | 625,050.00 | 668,787.50 |
| SGT | | | PO3 | | ₱495.87 | ₱247.94 | ₱2,975.28 | ₱318,774 | 318,773.57 | 637,547.14 | 678,160.36 |
| SSG | JO3 / FO3 | PO3 / PSSG | PO2 | CO3 | ₱505.80 | ₱252.90 | ₱3,034.80 | ₱325,157 | 325,157.14 | 650,314.28 | 687,735.71 |
| TSG | | | PO1 | | ₱515.91 | ₱257.96 | ₱3,095.52 | ₱331,656 | 331,656.43 | 663,312.86 | 697,484.65 |
| MSG | SJO1 / SFO1 | SPO1 / PMSG | CPO | CSO1 | ₱526.23 | ₱263.12 | ₱3,157.44 | ₱338,291 | 338,290.71 | 676,581.42 | 707,436.07 |
| SMSG | SJO2 / SFO2 | SPO2 / PSMS | SCPO | CSO2 | ₱536.75 | ₱268.38 | ₱3,220.56 | ₱345,054 | 345,053.57 | 690,107.14 | 717,580.36 |
| CMSG | SJO3 / SFO3 | SPO3 / PCMS | MCPO | CSO3 | ₱547.49 | ₱273.75 | ₱3,285.00 | ₱351,958 | 351,957.86 | 703,915.72 | 727,936.79 |
| CADET | SJO4 / SFO4 | SPO4 / PEMS | 1MCPO | CSO4 | ₱604.26 | ₱302.13 | ₱3,625.56 | ₱388,453 | 388,452.86 | 776,905.72 | 782,679.29 |
| P2LT | | | | | ₱604.26 | ₱302.13 | ₱3,625.56 | ₱388,453 | 388,452.86 | 776,905.72 | 782,679.29 |
| 2LT | | | ENS | | ₱690.30 | ₱345.15 | ₱4,141.80 | ₱443,764 | 443,764.29 | 887,528.58 | 865,646.44 |
| 1LT | INSP | INSP / PLT | LTJG | CI | ₱780.06 | ₱390.03 | ₱4,680.36 | ₱501,467 | 501,467.14 | 1,002,934.28 | 952,200.71 |
| CAPT | SINSP | SINSP / PCPT | LTSG | CSI | ₱891.17 | ₱445.59 | ₱5,347.08 | ₱572,895 | 572,895.00 | 1,145,790.00 | 1,059,342.50 |
| MAJ | CINSP | CINSP / PMAJ | LCDR | CCI | ₱985.25 | ₱492.63 | ₱5,911.56 | ₱633,375 | 633,375.00 | 1,266,750.00 | 1,150,062.50 |
| LTC | SUPT | SUPT / PLTCOL | CDR | CSUPT | ₱1,123.19 | ₱561.60 | ₱6,739.20 | ₱722,051 | 722,050.71 | 1,444,101.42 | 1,283,076.07 |
| COL | SSUPT | SSUPT / PCOL | CAPT | CCSUPT | ₱1,269.18 | ₱634.59 | ₱7,615.08 | ₱815,901 | 815,901.43 | 1,631,802.86 | 1,423,852.15 |
| BGEN | CSUPT | CSUPT / PBGEN | COMMO | CCSUPT | ₱1,434.17 | ₱717.09 | ₱8,605.08 | ₱921,966 | 921,966.43 | 1,843,932.86 | 1,582,949.65 |
| MGEN | DIR | DIR / PMGEN | RADM | | ₱1,620.62 | ₱810.31 | ₱9,723.72 | ₱1,041,827 | 1,041,827.14 | 2,083,654.28 | 1,762,740.71 |
| | | | VADM | | ₱1,799.21 | ₱899.61 | ₱10,795.32 | ₱1,156,635 | 1,156,635.00 | 2,313,270.00 | 1,934,952.50 |
| LTGEN | DDGEN | DDIRGEN / PLTGEN | ADM | | ₱1,977.80 | ₱988.90 | ₱11,866.80 | ₱1,271,443 | 1,271,442.86 | 2,542,885.72 | 2,107,164.29 |
| GEN | GEN | DIRGEN / PGEN | | | ₱2,359.11 | ₱1,179.56 | ₱14,154.72 | ₱1,516,571 | 1,516,570.71 | 3,033,141.42 | 2,474,856.07 |

Updated as of Jan 2026

* For total and permanent injuries due to accident or incurred while in the performance of duty. Disability benefit shall be based on the percentage of face amount depending on the gravity of injury. Members are also entitled to FREE Comprehensive Financial Assistance Benefits (CFAB) amounting to P200,000.00 as additional Killed-in-Action Benefit.

| DISABILITY BENEFIT UNDER MBAI PROTEK BASIC INSURANCE/SGTI | |
|--|----------------|
| Benefit Description | Benefit Amount |
| BOTH HANDS OR BOTH FEET | 100% |
| SIGHT OF BOTH EYES | 100% |
| ONE HAND AND ONE FOOT | 100% |
| EITHER HAND OR FOOT AND SIGHT OF ONE EYE | 100% |
| EITHER HAND OR FOOT OR SIGHT OF ONE EYE | 50% |
| HEARING OF BOTH EARS | 50% |
| FOUR FINGERS | 35% |
| HEARING OF ONE EAR | 25% |
| ALL TOES ON ONE FOOT | 25% |
| THUMB | 15% |
| INDEX FINGER | 10% |
| MIDDLE FINGER | 6% |
| RING FINGER OR BIG TOE | 5% |
| LITTLE FINGER | 4% |
| METACARPALS 1ST OR 2ND (ADDITIONAL) | 3% |
| METACARPALS 3RD, 4TH, OR 5TH (ADDITIONAL) | 2% |
| ANY TOE OTHER THAN BIG TOE, EACH | 1% |

| PARTICULARS | MBAI PROTEK |
|------------------------------------|---|
| Monthly Contributions | 1.5% of base pay(50% Insurance;50% Equity Fund) |
| Type of Insurance Plan | Term Insurance |
| Total Living Benefit | Member's Equity + Interest |
| Death Benefit (Natural) | 100% Face Amount + Total Living Benefit |
| Death Benefit (Accident) | 200% Face Amount + Total Living Benefit |
| Death Benefit (KIA) | 150% Face Amount + Total Living Benefit |
| Dismemberment/ Disability Benefit | For total and permanent injuries due to accident or incurred while in the performance of duty |
| Equity Loan | Loans for members at 6% interest per annum |
| FREE Daily Hospital Income Benefit | P1,000 per day, up to 45 days per year |



ARMED FORCES AND POLICE MUTUAL BENEFIT ASSOCIATION, INC.
 Col Bonny Serrano Road cor E. Delos Santos Avenue, Camp Aguinaldo, Quezon City
 Contact Nos. (02) 8822-MBAI (6224) Website: www.afpmbai.com.ph
 Email: mail@afpmbai.ph Facebook: @AFPMBAIOfficial



AUTHORIZATION TO DEDUCT

DATE: _____

TO : FINANCE/DISBURSING OFFICER

I hereby authorize the Finance/Disbursing Officer to deduct from my salary the amount equivalent to 1.5% of my basic salary representing my monthly contribution for the MBAI PROTEK coverage and remit the same to the ARMED FORCES AND POLICE MUTUAL BENEFIT ASSOCIATION, INC. (AFPMBAI) effective immediately. In the event that my present Net Take Home Pay (NTHP) is insufficient to cover the monthly contribution, I also authorize my Finance/Disbursing Officer to effect the said deduction immediately as soon as my NTHP is sufficient enough to accommodate it. I further authorize AFPMBAI to access my personal information under my Unit/Office electronic payroll system.

This Authorization shall not relieve me from the responsibility of ensuring that the required deductions are made from my salary and promptly remitted to AFPMBAI when and as they become due. This authority shall terminate only upon my separation from the active service.

PRIVACY NOTICE AS PER REPUBLIC ACT NO. 10173

AFPMBAI upholds an individual's data privacy rights and observes that all personal information, sensitive personal information and privileged information collected and to be collected are processed or recorded, managed, organized, stored, updated, retrieved, consolidated, used, blocked, and erased according to the Data Privacy Act of 2012 (RA 10173), its Implementing Rules and Regulations (IRR), and various Circulars under the principles of transparency, legitimate purpose, and proportionality.

I hereby give my consent to the processing, sharing, and/or transferring of my personal data relating to my account/s, without notice, to AFPMBAI, its service providers and entities or third parties having authority or right to such disclosure of information as in the case of regulatory agencies, governmental or otherwise, which have required such disclosure from AFPMBAI, also to enable AFPMBAI to service my account/s, to provide all existing features and future enhancements thereto, and to avail other AFPMBAI products, services, facilities and channels as the AFPMBAI deems necessary. I agree to hold AFPMBAI, its affiliates, subsidiaries and third party service providers free and harmless from any liability arising from or in connection with the consent herein given.

PLEASE PRINT ALL INFORMATION LEGIBLY.

BRANCH OF SERVICE: _____

| | | | | |
|-------------|---|-----------------------------|------------------|------------|
| _____ | _____ | _____ | _____ | _____ |
| RANK | (LAST NAME, FIRST NAME, MIDDLE NAME) | (SERIAL/ACCOUNT NO.) | SIGNATURE | TIN |

| | | | |
|------------------------|-----------------------------------|-------------------|----------------------|
| _____ | _____ | _____ | _____ |
| UNIT ASSIGNMENT | DATE OF BIRTH (MM/DD/YYYY) | MOBILE NO. | EMAIL ADDRESS |

Submitted by: _____ Transmittal No.: _____
Signature over Printed Name / SOLCODE / FAMCODE (for SSS use only)



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| _____ | _____ | _____ | _____ | _____ |
| RANK | (LAST NAME, FIRST NAME, MIDDLE NAME) | (SERIAL/ACCOUNT NO.) | SIGNATURE | TIN |

| | | | |
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